## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## **COMMON CARRIER ANNUAL EMPLOYMENT REPORT**

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information			
1. Name and Mailing Address of Respondent			
Gogo, Inc. Attn: Blake Limestall 111 N Canal Street, Suite #1500 Chicago, IL 60606			Check here if this is a change of address.
Year Report Filed	Reporting Period (Ending Date of Pay	4. Number of Full-Time Employees during Selected	
2017	Period Covered by Report) $5/14/2017$	Reporting Period (check one):  a. Fewer than 16 (complete Sections I, IV, and V only)  b. 16 or more (complete all sections)	
SECTION II - Full-Time Employees.			
		Number of Employees	

SECTION II - FUII-TIME EMPI		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												
		Lat	ino	Male							Total Columns A - N					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1	
		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1	1		21	1		1		1	7			2			34
First/Mid-Level Officials and Managers	1.2	12	6	194	6	2	32		3	56	4		19			334
Professionals	2	40	9	363	34	2	112		7	95	11		39			712
Technicians	3	8	1	32	4		7	2	2	1			4			61
Sales Workers	4	1		10			1			4						16
Administrative Support Workers	5	1	2	8	1					24	4		3			43
Craft Workers	6															0
Operatives	7			5	3		1			5						14
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	63	18	633	49	4	154	2	13	192	19	0	67	0	0	1,214
PREVIOUS YEAR TOTAL	11	59	19	573	48	2	137	0	7	191	18	0	63	0	1	1,118

SECTION III - Part-Time Empl	ovees.																
	Number of Employees (Report employees in only one category)																
Job		Race/Ethnicity															
Categories		Hispa			Not-Hispanic or Latino												
		Latino		Male								Fer	male			Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	Е	F	G	Н	ı	J	К	L	M	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11	0	0	2	0	0	1	0	0	2	0	0	0	0	0	5	
SECTION IV - Report of Discr	iminatio	on Compl	aints Pursua	nt to 47 CFF	22.321, 23.5	5, 90.168, 101	1.4, and 101.	311.									
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.																	
This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																	
SECTION V - Certification	nowledge	e, informa	ition, and beli	ef, all statem	ents in this re	port are true a	nd correct.										
			Name of Pers										Telephone No.				
	Blake Limestall					Signature Acc						(312) 517-5150					
Title of Person Signing Director, HR Oper	Title of Person Signing  WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											EVOCATION					